

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10197448</u>	FILED DATE <u>1/15/04</u>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP
1							51						
2	/		/		/		52						
3	/		/		/		53						
4	/		/		/		54						
5	/		/		/		55						
6	/		/		/		56						
7	/		/		/		57						
8	/		/		/		58						
9	/		/		/		59						
10	/		/		/		60						
11	/		/		/		61						
12	/		/		/		62						
13	/		/		/		63						
14	/		/		/		64						
15	/		/		/		65						
16	/		/		/		66						
17	/		/		/		67						
18	/		/		/		68						
19	/		/		/		69						
20	/		/		/		70						
21	/		/		/		71						
22	/		/		/		72						
23	/		/		/		73						
24	/		/		/		74						
25	/		/		/		75						
26	/		/		/		76						
27	/		/		/		77						
28	/		/		/		78						
29	/		/		/		79						
30	/		/		/		80						
31	/		/		/		81						
32	/		/		/		82						
33	/		/		/		83						
34	/		/		/		84						
35	/		/		/		85						
36	/		/		/		86						
37	/		/		/		87						
38	/		/		/		88						
39	/		/		/		89						
40	/		/		/		90						
41	/		/		/		91						
42	/		/		/		92						
43	/		/		/		93						
44	/		/		/		94						
45	/		/		/		95						
46	/		/		/		96						
47	/		/		/		97						
48	/		/		/		98						
49	/		/		/		99						
50	/		/		/		100						
TOTAL NO.	8		9		3		TOTAL NO.						
TOTAL DEP.	23		15		5		TOTAL DEP.						
TOTAL CLAIMS	31		22		8		TOTAL CLAIMS						

BEST AVAILABLE COPY